

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Targeted Victory			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 23 / 2014		
Mailing Address 1033 North Fairfax St Suite 400			Amount 83333.50		
City State Zip Code Alexandria VA 22314		Transaction ID : 1 Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 16 / 2014			
Purpose of Expenditure Online Advertising		Category/Type 			
Name of Federal Candidate Joni Ernst			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought 2333620.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Main Street Media			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 23 / 2014		
Mailing Address P.O. Box 25093			Amount 561439.23		
City State Zip Code Alexandria VA 22313		Transaction ID : 2 Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 19 / 2014			
Purpose of Expenditure TV / Media Placement		Category/Type 			
Name of Federal Candidate Joni Ernst			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought 2333620.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			644772.73		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caleb Crosby</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYYYY 09 / 23 / 2014		